

Kansas Family Medicine Obstetrical Services Survey

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Introduction

Background: In Kansas there is a maldistribution of family physicians across the state. In addition, there is also a shortage of rural physician obstetrical providers. Kansas has many isolated, small rural and frontier areas. Physicians providing OB services in these areas are typically family physicians that were trained in OB and operative OB with C-sections. Attracting properly trained rural family physicians to provide obstetrical services in small-town settings is becoming increasingly difficult. During our preliminary research we found there is little data describing obstetrical services in Kansas. It is our hypothesis that reduction in obstetrical services in rural and remote areas in Kansas is linked to attitudes, behaviors, and levels of training for rural family physicians that provide OB services.

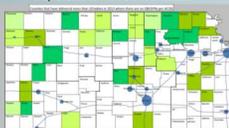
In order to facilitate comparison with other state level data, we chose to use the Kansas Population Density Peer Groups (Table 1) as designated by the Kansas Department of Health and Environment to define rurality. The state designates 64.8% (68/105) of Kansas counties as rural or frontier.

Kansas Population Density Peer Group - 2010 Census		
Population Density Peer Group	Peer Group Definition (person / sq mi)	Abr.
Urban	>150	U
Semi-Urban	40.0-149.9	SU
Densely-Settled Rural	20.0-39.9	DSR
Rural	6.0-19.9	R
Frontier	<6.0	F

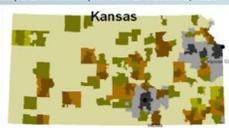
Table 1: KDEH Kansas Population Density Peer Groups - 2010 Census.



Map 1: Location of OBGYN in Kansas



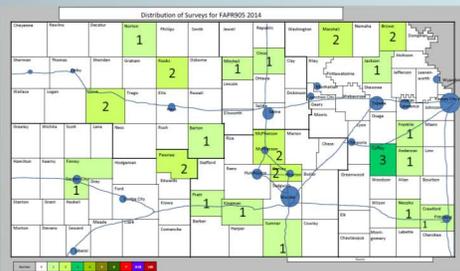
Map 2: Location of Hospitals with >10 deliveries w/o OBG



Map 3: Much of Kansas is considered Isolated Rural (tan)

Methods

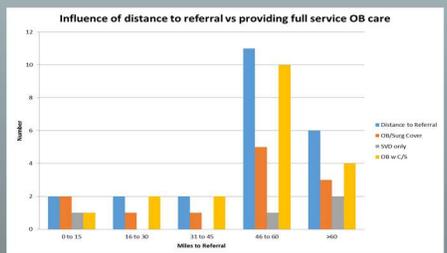
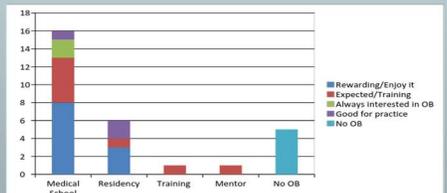
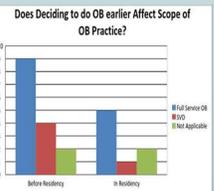
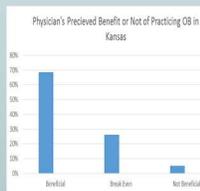
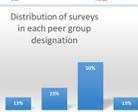
29 Students were assigned to work with a family medicine rural preceptor for their summer course in the Summer Rural Research and Clinical Practice Elective. Informed consent to participate was obtained before survey questions are asked. The survey included questions about practice demographics, training for obstetrics, decision timing about providing OB services, reasons for providing OB services, and levels of confidence for OB skills. The protocol was approved by the KUMC Institutional Review Board.



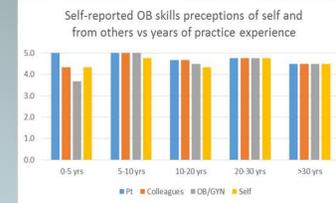
Map 2: Counties where students administered surveys.

Results

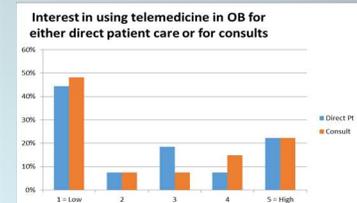
30 surveys were collected from 30 practices in 21 rural counties distributed across Kansas. 25 of the physicians have provided OB services at some point in their practice. 19 currently provide OB services with an average of 17 years of practice experience. 77% provide operative obstetrics with cesarean sections. None of the physicians felt they needed a fellowship and most felt they received adequate training during residency. 15/25 family physicians made the decision to provide OB as part of their practice while in medical school and 7/25 during residency. Reasons for providing OB services were: enjoy this part of medical practice, felt that it was expected of them by their partners, desire to use training, use OB as a "practice builder" and "sense of duty".



Results (cont.)



Family physicians providing OB services reported a high level of perceived skill. Physicians ranked the confidence in their skills as very high (4.4/5) and they self-report that patients (4.7/5), colleagues (4.5/5) and OB/GYN consultants (4.4/5) would view their skill as very high.



We asked about their interest in some type of telemedicine for OB. This served two main purposes. Both, as general interest in whether rural family physician would be interested in a telemedicine service to help with their OB patients; and to try to understand their level of confidence in their own ability with OB and their sense of need for ready access to consultative services. Overall, their interest was comparatively low. This is supported with their reported levels of confidence in their OB skills.

Conclusions and Discussion

Conclusions

* Most physicians surveyed stated that they chose to practice obstetrics during medical school, due to:
- A rural experience
- A mentor
- Other personal reasons

* Family physicians providing OB services have confidence in their skill set regardless of the number of years they have been practicing.

* FM/OB did not feel a reason to do an OB fellowship. None in our survey did one (these fellowships have existed for a little more than 20 years)

* In general FM/OB are not interested in telemedicine for consults or care.

* FM Physicians chose to provide OB care because it is an enjoyable part of their practice and is the right thing to do. They also feel it is overall beneficial.

Discussion

This study was limited due to the small number of surveys. However, we feel that it will serve well as a starting point for further investigation into the influence of distance to referral, specific student exposures that influence choice for rural FM and FM/OB, and access to care issues.

Kansas opportunities for student exposure are:

- Scholars in Rural Health
- Faces in Family Medicine
- Rural Mentoring
- Summer Rural Primary Care Practice and Research Elective
- Rural option for required clerkships
- Rural Preceptorship

Students working with a preceptor at a rural site learn what it's like to practice in a rural environment and gain an understanding of the work-life balance of a family physician who offers obstetrical services. These opportunities may influence their decision. Further study will be needed to decide the most influential and the most critical timing.

